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APR 06 2016

T SCHROEDER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 022939 8084689

AUTHORIZATION :



COST LIMIT : \$770.00

ORDER DATE : February 19, 2016

ORDER TIME : 3:29 PM

ORDER NO. : 022939-001

CUSTOMER NO: 8084689

DOMESTIC FILING

NAME: E.F.E.P. CORP.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT. 62956

EXAMINER'S INITIALS: _____

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: E.F.E.P. CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4320 Mindi Ave

Mailing address, if different is:

Naples, FL, 34112

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

The organization's will provide financial relief to individuals experience a death in the family

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

The Non-profit will select specific individuals and appoint them as needed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHNY WILLIAMCEAU - Founder and E. Director

Name and Title: _____

Address 4320 Mindi Ave

Address: _____

Naples, FL, 34112

Name and Title: McKenzie Louis - Director

Name and Title: _____

Address 2565 52nd Terrace SW

Address: _____

Naples FL, 34116

Name and Title: Kerry Hyppolite-Louis - Secretary

Name and Title: _____

Address 2565 52nd Terrace SW

Address: _____

Naples FL, 34116

16 APR -5 AM 10: 04

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Corporation Service Company

Address: 1201 Hays Street

Tallahassee, FL 32301

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RECEIVED
TALLAHASSEE, FL
STATE DEPARTMENT OF REVENUE

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JOHNY WILLIAMCEAU

Address: 4320 Mindi Ave

Naples, FL 34112

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Corporation Service Company

By: _____

Required Signature of Registered Agent

Melissa Zender
Asst. Vice President

Date

4/5/16

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature of Incorporator

JOHNY WILLIAMCEAU - Director

4/4/16

Date